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ABSTRACT

This document consists of three parts. Part I is a summary report of the Fourth Annual Non-Governmental Organizations/United Nations Fund for Population Activities (NGO/UNFPA) Consultation on Population. It includes: an opening statement by David Poindexter; presentations by Bradman Weerakoon ("Opportunities for Action") and Sheldon Segal ("Global Population Realities"); a panel discussion on patterns of NGO action (with panelists Hernan Sanhueza, Barbara Hertz, Kaval Gulhati, Mohammed Satar, and Werner Fornos); reports from eight workshop groups (including groups focusing on population and children, youth, and the aging); additional presentations by Barbara Hertz ("Financing Global Population Programs"), Rafael M. Salas ("Implementation of the Mexico Mandate"), and Werner Fornos ("The Next Major Step"); and biographical information on the speakers. Part II provides recommendations, excerpted from the final report of the 1984 International Conference on population, which specifically refer to NGOs. Part III provides some useful background material for population education. They include excerpts from a UNFPA report titled "The State of World Population 1984" (considering such topics as life expectancy, mortality rates, fertility, and morbidity patterns and causes of death) and a world population chart (presenting, by world and country data on total population, crude birth rate for 1980-85, and other categories). (JN)

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AFTER MEXICO

NGOs and the follow-up to the International Conference on Population

Summary Report

the Fourth Annual NGO/UNFPA Consultation on Population in New York

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*What was accomplished?

* What recommendations apply to NGOs?

* Where do NGOs go from here?

* Some useful population education tools.

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Church Centre, New York, March 6, 1985

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* Summary Report of the Fourth Annual NGO/UNFPA Consultation on Population in New York (6 March, 1985)

* Recommendations from the Mexico City ICP relating to NGOs

* Some additional "population education" material

This booklet has been prepared for the NGO Task Force on Population by the Non-Governmental Liaison Service (New York) of the United Nations.

Kevin Cassidy, Report Editor

FOURTH ANNUAL NGO/UNFPA
CONSULTATION ON POPULATION IN NEW YORK

Wednesday, March 6, 1985 -- 9AM to 4PM
2nd floor - Church Centre - 777 United Nations Plaza, New York, 10017

Co-sponsored by:

The Development Committee (New York) of the Conference of Non-Governmental Organizations in Consultative Status with the Economic and Social Council (CONGO)

The Conference of U.N. Representitives of United Nations Association of the United States

The United Nations Non-Governmental Liaison Service (New York)

Population Division of the United Nations Department of International Economic and Social Affairs

United Nations Fund for Population Activities - related Non-Governmental Organizations

Non-Governmental Organizations Population Task Force

NGO Population Task Force:

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Javed Ahmed, Association for Voluntary Sterilization
Beth Atkins, World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception
Lotte Bernard, National Service Conference of American Ethical Union
Carol Christian, United Nations Association of the U.S.A.
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Hazel Johns, United Church Board for World Ministries
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Rebecca Rios, International Planned Parenthood Federation - Western Hemisphere Region
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Part I: THE CONSULTATION SUMMARY REPORT

OPENING STATEMENT

The Mexico City International Conference on Population plus Six Months:

What issues have emerged?
Where is progress most needed?
What is the role of NGOs in implementing the recommendations for action?

David Poindexter
The Population Institute

We are now six months past a major milestone in the history of programmes which try to bring solutions to all the these problems clustered under the umbrella called population. This umbrella was not built by the United Nations nor by any government. It was identified and created by the non-governmental organizations. It is an umbrella which has been contributed to by a great many NGOs both those working specifically in the field of population and family planning and a great many others working in general areas such as womens organizations around the world, social service organizations, and the churches.

Where do we go? What has been accomplished? The rate at which programmes move toward that degree of success which is required is to a large extent in our hands. And this consultation today is an effort towards answering these questions.

The Presiding Officer of today's programme is listed as Frances Breed. A great many of you here today knew and loved Frances, but a month ago she had lost her valiant battle with cancer. The shape of the programme today is to a great extent the work of Frances Breed. So in a very real sense she is still the Chair of today's programme.

* *(Mr. Poindexter requested the meeting observe silence for one minute in memory of Ms. Frances Breed. He spoke about her contributions in advancing the role of NGOs in population work, and her efforts in bolstering understanding of the link between population and the environment. Ms. Breed was the Population Programme Director of the National Audubon Society and Vice-Chairperson of the NGO Task Force on Population.)*

OPPORTUNITIES FOR ACTION

Bradman Weerakoon
Secretary General, International Planned Parenthood Federation

Permit me at the outset to thank you Mr. Chairman and all representitives of NGOs here for your warm words of congratulations on IPPF being selected by the UN for the Population Award in 1985.

Those of us who are privileged to belong to IPPF at present consider this an honour conferred on those courageous individuals both volunteers and staff, who worked so devotedly over many years to bring the knowledge and means of planned parenthood to millions of people, especially in the developing world. Coming at the present time, the Award is doubly significant. It not only honours us for our past contribution to humanity; it also endorses our present work and stand on many current issues and strengthens our resolve to meet the challenges before us. With your encouragement and support, IPPF can face the future with confidence.

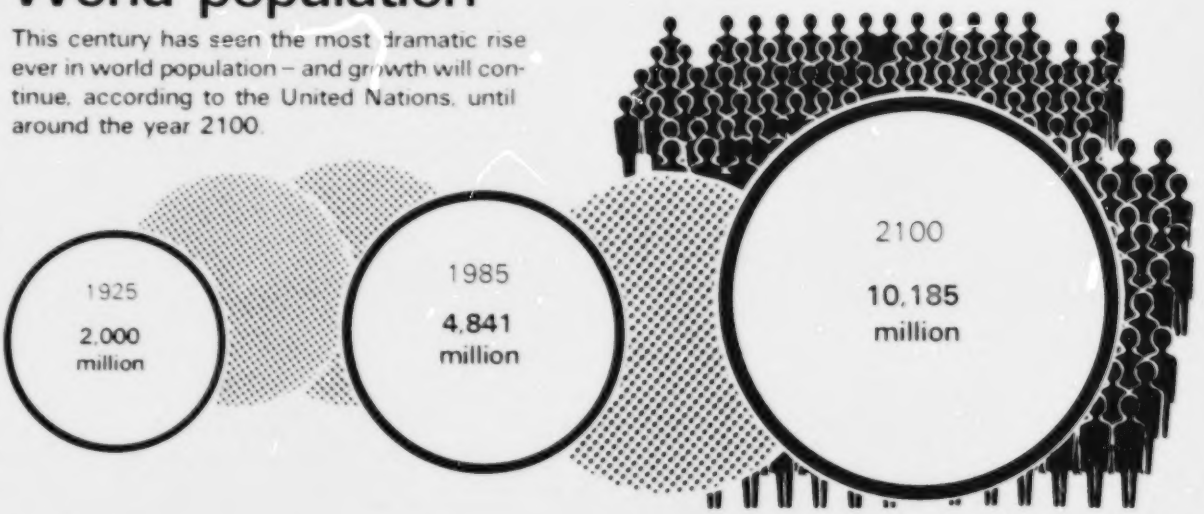
For 1985 IPPF has proposed a full programme of activity but its work has been seriously impaired as a result of the USAID cut off in funding consequent on its new policy that the US would not continue to fund NGOs which are assumed to perform or actively promote abortion as a method of family planning in other nations. The fact that IPPF only expends less than 1% of its grants on abortion related activities in 12 of its 98 grant-receiving Associations, and that not one dollar of this is US money, was not a sufficient condition to satisfy the requirements of the new US policy. To continue to receive USAID funding, IPPF would either have had to completely desist from any abortion related activity, including treatment of incomplete abortion or lobbying for the amendment of ineffective abortion law or to cease funding altogther the total programme of any FPA which performed any abortion related activity such as, for example, India. Obviously it was not possible for an organization like IPPF - international in its scope, voluntary in its structure, service oriented in function, and principled in its philosophy, to accept such pre-conditions for aid; and so maintaining our self-respect and our integrity as a Federation, we informed USAID that we were unable to comply.

IPPF's strategy of the integrated approach which combines family planning with broad developmental needs recognises the significant role played by fellow NGOs whose special concerns may be in the field of community improvement, the problems of adolescence, the extension of the quality and coverage of health care and women's development in all its aspects. The strengthening of all linkages with NGOs in the field of population and development is one of IPPF's objectives and an outcome which we believe this present consultation will help to achieve.

I think it would be true to say that the recommendations of ICP cover many specific areas and that not all NGOs will be concerned with all of the recommendations. They would have special areas of interest which either reflect their concerns or endorse positions already held by them. Of course

World population

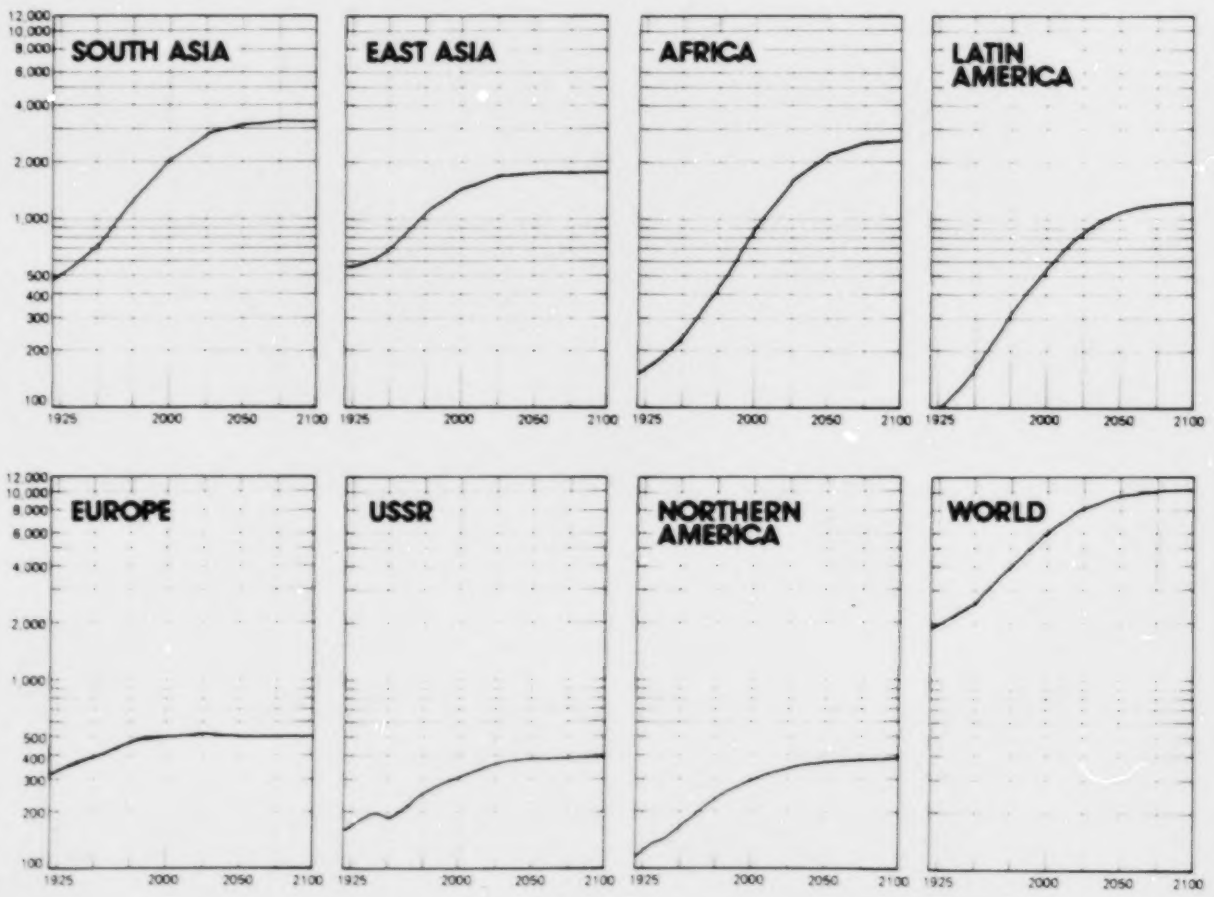
This century has seen the most dramatic rise ever in world population – and growth will continue, according to the United Nations, until around the year 2100.



Source: United Nations

Most of the increase has taken place in the poorer regions of the world. By the time births worldwide are doing no more than replace deaths, world population will be more than double its present figure.

The graphs below show population growth in millions



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there will be some specific recommendations which would be shared by many NGOs such as, for example, those dealing with the status of women, youth and of course the recommendations with regard to funding.

Many of the recommendations refer to the need for people's participation and for the need for NGOs to collaborate with each other. I believe this provides yet another opportunity for NGOs to identify mechanisms which would engender this collaboration at international, regional and national levels.

With regard to IPPF specifically, it has two primary aims:

a) to advance the education of people in family planning and responsible parenthood in the interests of family welfare, community well-being and international goodwill;

b) to increase the understanding by peoples and governments of the demographic problems of their own communities and the world.

To us the ICP recommendations represent both an endorsement of existing policies and operational strategies and a broad agenda for fulfilment of our objectives. More specifically, IPPF picks out five major characteristics in the recommendations which our policies, plans and programmes broadly emphasise:

1) its strong endorsement of family planning in recommendations 25-35;

2) its emphasis on family planning both as a human right (namely the basic right of families to decide and responsibly plan the number and spacing of their children), and as an essential health measure;

3) the place of population in development, particularly the point that population policies must always be considered as a constituent element of socio-economic policies and never as a substitute for them;

4) the importance it gives to improving the status and role of women both for its impact on fertility and health as well as an end in itself;

5) its concern for people; at the level of the <u>individual</u> - protecting the individuals rights against state policies, which should be neither coercive nor discriminatory; at the level of the <u>family</u> - where family values and the family itself is protected; and at the level of the <u>community</u> - where the need for the participation of people in the design and implementation of programmes affecting them is stressed.

The need for increased resources to translate good intentions into action were also highlighted in the recommendations. All of us in the NGO field know that volunteer effort makes for cost effectiveness in programmes, yet projects need money.

The recommendations aimed at reducing maternal and infant mortality and morbidity impinge greatly on the work of WHO and UNICEF. These agencies could become our natural allies. Family planning is an essential element of primary health care. The fact that family planning influences the health of mother and child is well known and that child bearing too early (before 20), or too late (after 40), or too many or too soon, seriously impairs the health of mother and child and increases the risk of mortality. Particularly in the African context, the validity of child spacing gains acceptance.

The World Bank too has been most forthright in initiating collaboration with NGOs and this provides a further opportunity for action. The World Bank Development Report and many other sectoral papers refer to the important role that NGOs can play in population programmes. One of the basic assumptions underlying World Bank financing of government programmes in population and health is the mobilisation of all available resources, including the private voluntary sector. Of course there are some constraints to be overcome when NGOs work with governments, but I offer this as a further illustration of the opportunities for fruitful collaboration with governments and the intergovernmental agencies.

(Mr. Bradman Weerakoon stressed the importance of collaboration among NGOs at the national, regional and international levels.)

GLOBAL POPULATION REALITIES

Sheldon Segal
Director, Population Sciences of the Rockefeller Foundation
Member of adjunct faculty of the Rockefeller University

We are adding about 85 million people a year worldwide and 90% of them will be in developing countries. This will continue well into the 21st century in spite of the fact that fertility rates have declined. This is due in part to the age structure in which a high percentage of young people are coming into the reproductive age group.

In the 20 year period between 1980 and the year 2000, Europe will be growing by 6% while Africa will grow by 80%. There are many implications for the differential in growth. The most important and sometimes overlooked is its impact on the labour force size. The USSR and the US are adding about 4 million to the labour force each year, while countries like China and India, already burdened with high percentages of either unemployment or underemployment, will be adding about 20 million to the labour force each year.

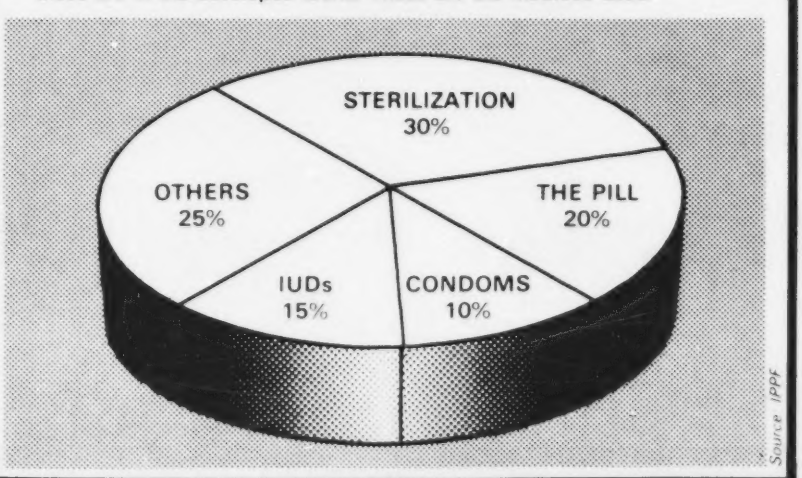
Another reality of population considerations is the question of the prevalence of contraception use in the different regions of the world. In the developed countries as a whole, there are roughly 70 to 75% married women aged 18 - 44 who use some form of contraception. The pattern in the developing countries is virtually the reverse. About 60 to 70% are using no method at all.

Choosing contraceptives

The availability of contraceptives and the information and advice on how to use them are vital parts of the effort to slow world population growth. On average, a 2.4 percentage point increase in contraceptive use is accompanied by a one percentage point fall in crude birth rate.

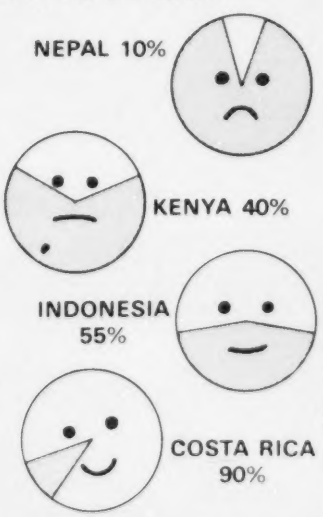
WHO USES WHAT

Around 270 million people use some form of contraception – two thirds of these are in the developed world. These are the methods used.



FINDING THE FACTS

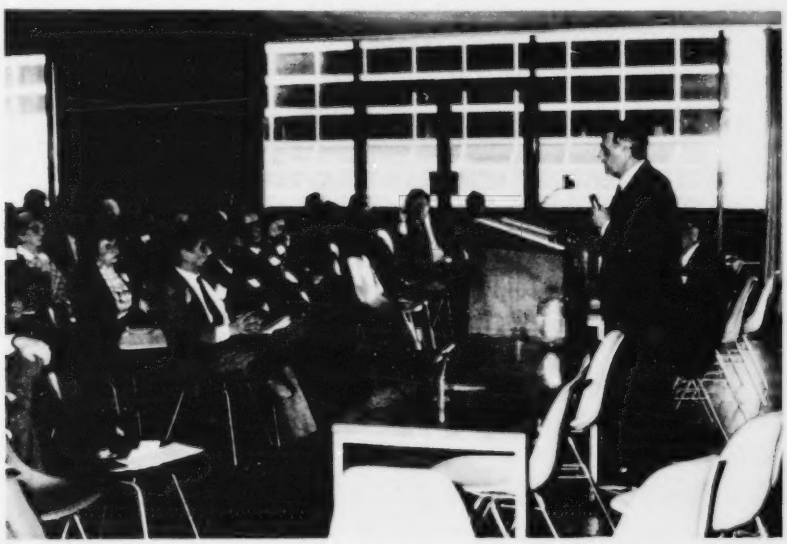
Contraception is much easier to find out about in some countries than others. The figures below indicate the percentage of women who know where to get contraceptive advice and services



There are in the developing countries of the world about 20 million abortions each year consequent to the failure of contraceptive methods that the couples have chosen to use. In these developing countries there is still a predominant dependence on the termination methods such as vasectomy and tubal ligation and rather little use of spacing, IUD and various vaginal contraceptions. In the United States in 1981, about 25% of pregnancies that occured were terminated in legal abortion. The country that leads the list in terms of percentage of pregnancies that are teminated by legal abortion each year is Japan with over 50%.

We are now poised at a time when national leadership seems to be ready in most countries to move ahead to effectively implement the World Plan of Action and their own National Family Planning programmes. The scientific community has voiced its support to help with the implementation of these programmes.

I think that with important contributions of both government and non-governmental organizations we have reason to be optimistic that the work for the next 10 to 15 years will be highly effective and successful.



(Mr. Segal points out to the participants some of the often eluded aspects of population percentages: the impact on the labour force, the high percentage of young people coming into the child bearing age group, use of low or high failure rate methods in contraception and the growth rate differential in urban and rural areas.)

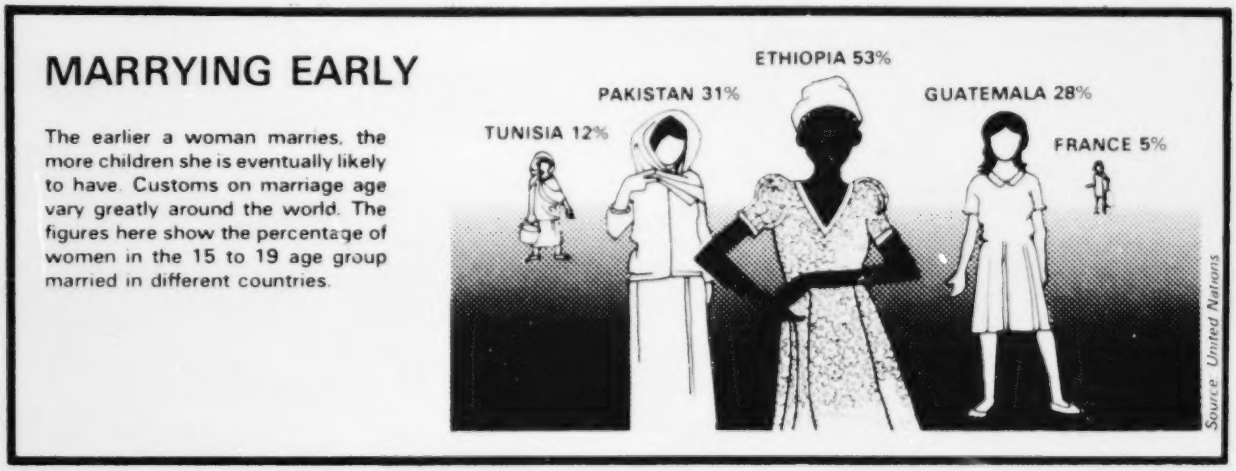
PATTERNS OF NGO ACTION: Regional Perspectives

Presiding--**Hernan Sanhueza**
Director, IPPF Western Hemisphere Region

Panelists: Barbara Hertz, Kaval Gulhati, Mohammed Satar, Werner Fornos

Kaval Gulhati

There was a recognition in the recommendations from Mexico City of the importance of women and all the ramifications to do with population and the role of women in family planning programmes. The problem with women in family planning is really very complex and particularly in South Asia. Every culture and every society has its own dimensions of how they regard women. In South Asia one of the serious problems about women, as many of you have heard and read in recent articles, is that of son preference. The choice of a women very often shows, due to certain dependency factors, that the female children are considered more expendable.


MARRYING EARLY
The earlier a woman marries, the more children she is eventually likely to have. Customs on marriage age vary greatly around the world. The figures here show the percentage of women in the 15 to 19 age group married in different countries.
ETHIOPIA 53%
PAKISTAN 31%
GUATEMALA 28%
TUNISIA 12%
FRANCE 5%
Source: United Nations

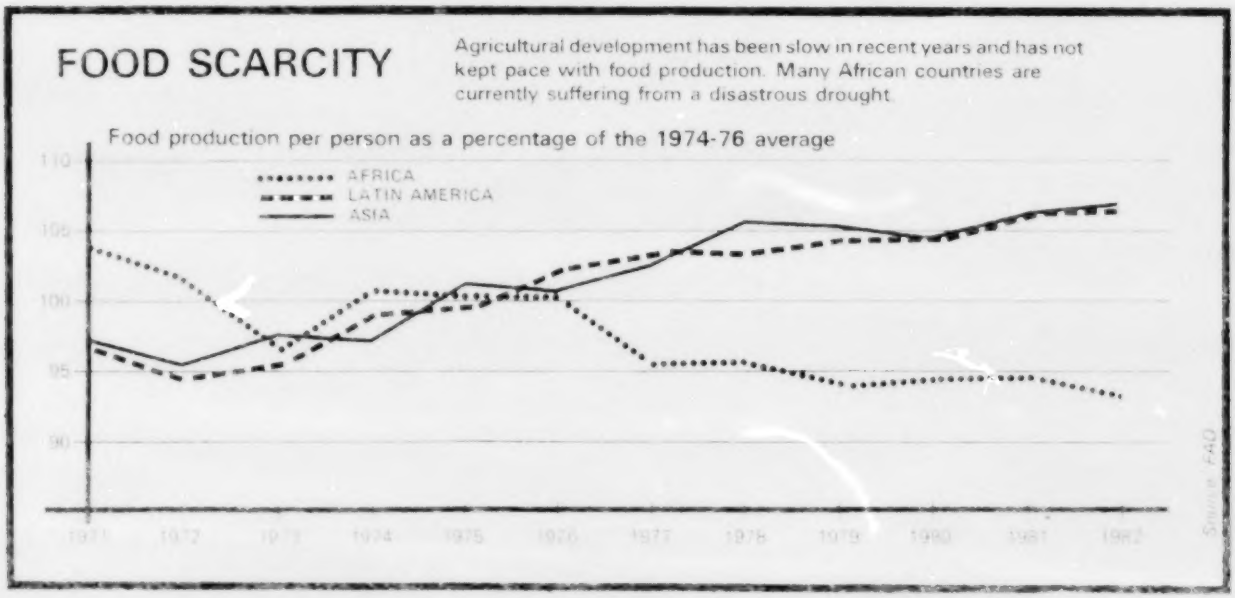
In every society sexual socialization discriminates against women in the east or the west or anywhere. This discrimination is of coarse more restrictive in some countries and has different manifestations in varying degrees. This is due in part to culture, tradition, religious, political and patriarchial elements. This sexual socialization then perpetuates the myths that women are weaker; that they are more vulnerable and can't make decisions.

Urbanization is taking place at a very rapid pace in the Third World and in particular the South Asian countries. We know that in urban areas womens status tends to improve and contraception prevalence increases. The data from UNFPA shows that by the year 2000 urban population in the world will double and there will be 59 cities of more than 5 million people and 47 of these cities will be in the Third World.

There is a tension between the governments and the NGOs. Their spirit is constantly being challenged. There is new language out which is going to be applicable to all grants and contracts signed by awardees of the USAID funding. It says, in effect, that if an organization has anything to do with abortion then they are not eligible for any USAID grants. So NGOs have to face up to these new situations and new challenges because we have to continue doing work we care about. NGOs working on population issues must identify the needs and use realistic levers of influence.

Barbara Hertz

We see African countries changing very quickly in attitude towards population and family planning. In Mexico the majority of countries from sub-Sahara Africa have expressed concern about population as a development problem. They also expressed with growing conviction that they will make efforts not only on the development side to build demands for smaller families but will undertake more vigorous efforts to introduce and extend family planning services. On the other hand the capacity to intervene, to change the trends in Africa is limited. African countries have severe shortages of financial resources as well as human resources and institutional resources. Timing at this point is of extreme importance. You always tell policy makers you have to invest now to be ahead of the problem but in fact with the population in Africa today we are facing very rapid population growth rates and severe resource shortages. What we do today will very well determine how serious a disaster we will be looking at over the next 2 to 3 decades.



The real rays of hope are in the family planning services. It turns out that in a few places in Africa where we have managed to extend good family planning services (effective, affordable and accessible), about 25% of the couples opt to use those services. It may be posible to buy enough time to have breathing room in which to get development programmes going to the point where they spontaneously generate demand for smaller families.

In this particular situation NGOs have an importent role to play. NGOs are the pathfinders, they are willing to go out and experiment and, in doing so, they find out what works. The next step they take is to approach governments with feasible projects in the population field; to help them to recognize that population is an important part of the development process and to support family planning services. Not only do they urge governments to act but they also provide them with approaches that are effective.

NGOs in Africa, like NGOs in Asia and Latin America, are helping women organize to provide family planning services for themselves and more generally to take their fates more into their own hands.

Mohammed Satar

The International Conference on Population in Mexico City was distinguished by two new emphasis. One was the emphasis on women and youth and the second was the concern for better management of population activities.

You may have an excellent political committment, a policy, programmes and projects, and you may have funding from the United States AID or from the national budget but if you don't have good management your programme will not function effectively. You need to have an excellent group of people to manage the programme which will allow the middle paramedics and the medical doctors to deliver these prompt and timely services. Therefore we need to institute a new policy of improving management.

We at the International Committe on Management of Population Programmes (ICOMP) have been building up institutions in the Third World. For just this reason we select regional or national schools of public administration, schools of public health and schools of business administration. Then we provide resources for them to do research to prepare case studies, to advise government programmes or have the NGOs building into the existing institutions. We are used as a transmission belt for the transfer of business technology from public and business sectors in the US, UK and Japan to needy countries in Asia, Latin America and, as of late, Africa.

I am very pleased to tell you that as a follow-up to the ICP, the World Bank, IPPF, UNFPA and USAID have all developed their new programmes for management improvement. ICOMP is collaberating with all of them. We are an organization which links up goverment programmes, NGOs and the scientific community. We are a link-up of management technologies from the developed to the developing countries.

Hernan Sanhueza

The total fertility rate average in Latin America has declined to around 4% a year. There are some countries in Central America like Nicaragua, Hondoras and Ecuador where fertility remains very high. There are others like Costa Rica where fertility quickly declined and others like Cuba that have a total fertility rate of about 1.8%. So in the Latin America region you have a wide range in fertility rates;from the Cuban rate of 1.8% to the rate of 6.8% in Bolivia.

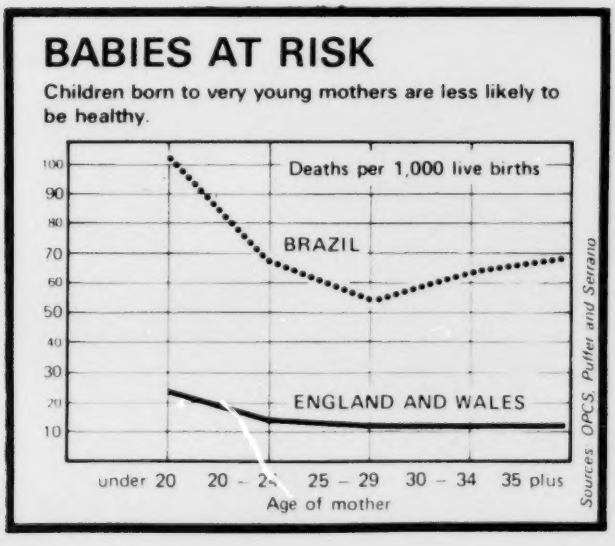
Analysis of the fertility rate using varying criteria will show different aspects of the growth rates. Fertility rates declined more in the city than in the rural areas. Fertility rates, analysed by age, show a larger decline amoungst married or middle-aged women than amoung the young sector of the population.

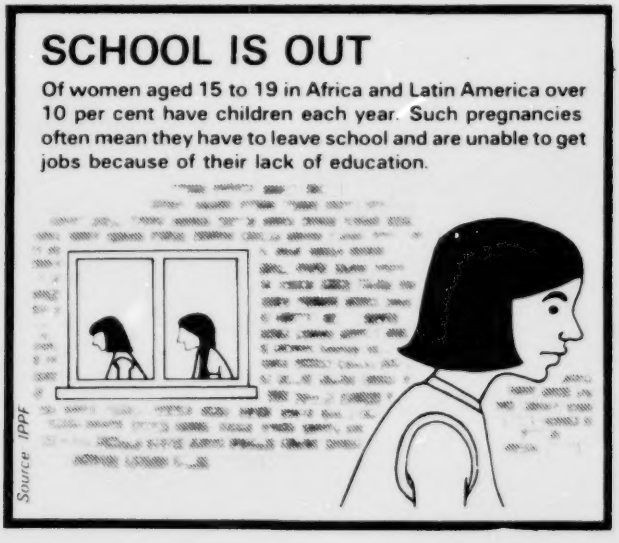
In every country about 80% of the people interviewed in the contraception prevelance surveys declared that they would either like to do something about controlling fertility, or about postponing a birth, but due to the lack of available services this has increased the number of non-users and the level of unmet needs. For a further decline in fertility rates there is a need to make more readily available family planning services and extended use of better contraceptives.

The attitudes of the governments is to a large extent that of "wait and see" even when the people have expressed a concern about the need for getting contraceptive services. The government has left much to the private sectors to provide those services. So we have a situation as in Columbia where the association affiliated with the IPPF programme is presently providing services for about 60% of those who are using any contrceptive methods.

I think that NGOs should be continuously demonstrating what can be done with the implemention of an effective programme. This in turn, it is hoped, will be replicated and expanded by governments. NGOs should be the advocates of the current needs that exist in the various countries of the rights of people to have public services.

We need to concentrate on that gap that exists between knowledge and practice. We need to see why 98% of the population who should know about family planning services and 70-80% who would like to do something, only translates into about 20-25% using contraceptive methods.




SCHOOL IS OUT
Of women aged 15 to 19 in Africa and Latin America over 10 per cent have children each year. Such pregnancies often mean they have to leave school and are unable to get jobs because of their lack of education.
Source IPPF

Werner Fornos

For North America, Canada is continuing its high level of support for family planning assistance, not only to IPPF but to other countries who need the support.

In the United States Congress a resolution that was past on October 3 of last year provided $290 million this fiscal year for international population assistance. It also was stipulated in one part of the Congress, the House of Representitives, that it is the sense of the House of Representitives that private organizations shall not be interfered with in, otherwise, legal activitives that are executed with funds other than those of the United States. Depite that admonition of the House of Representitives in December the Administrtaion notified IPPF that it is longer qualified to recieve US assistance in accordance with guidelines which at that point had not yet been published.

The policy paper which set these new guidelines stated that abortion shall not be promoted or used as a method of family planning. Now, except for a few Soviet countries, I don't konw of any organization or person that advocates the idea of abortion as a method of family planning.

Nevertheless, the Administration decided to move the issue of abortion into the international family planning field and made the decision to cut-off IPPFs funding because one-half of one percent of IPPFs member affliates bugdet was spent on abortion activites.

At the Mexico Conference UNFPA was asked to provide concrete assurance that UNFPA was neither involved in abortion activities in any place in the world nor that in any way supports force or coersion. Dr. Salas on April 23 notified Ambassdor Kirkpatrick of the long standing policy of UNFPA to its pursuit of the human rights principles. Even after documantation had been presented to the Administration, on January 8 money was withheld from UNFPA by the United States Government. This was substantiated by the Administration on account of a series of articles published by the Washington Post, which stated that UNFPA was supporting coersive abortion actitives in China. From what I have seen of the 16 programmes, in effect all over China, they all urge the use of family planning instead of relying on abortion.

This latest descion of the Administration has far-reaching ramifications for all UN organizations, as well as NGOs, because if an organization works with any group that the Administration assumes is involved in abortion actitivies, they will also be systematically cut-off from US funding.

REPORTS FROM WORKSHOP GROUPS

At this point the consultation broke into eight working lunch groups, each charged with the responsibility to come up with recommendations for on-going NGO action in the field of population. The succinct recommendations cited here constitute the results of this exercise.

1) Environment, Development and Population

We call for the linkages between environment, development and population to be more carefully delineated.
There is a need to fuse the work of NGOs in forming a global perspective which can be utilized in national level planning.
We urge NGOs to work on coordinating their activities with other groups in order to avoid overlapping and duplication.

2) Role and Status of Women

We see the need for the voice of women to be heard at all levels by those formulating population policies and that the status of women must be considered by all to be essential to the population issue.

3) Health and Population

We urge that all couples be offered a full range of contraceptive choices. These choices must be presented in the langauge of the couples and individuals receiving these family planing services.
We also call for the participation of young males in contraceptive education and increased research in the field of male contraception.

4) Reproduction and the Family

Reproduction is a key element in family responsibility. A healthy family requires a sense of responsibility between the adult partners, and all members of the family should have access to reproductive health information, sex education and family planning services.
The societal problems caused by population growth are assuming enormous proportions. Governments and international bodies should recognize the urgency of this situation and increase resources and assistance to developing countries so that families can truly be responsible for their reproductive health and well-being.

5) Population Policy and Funding

We urge organizations to look for multiple sources (industries,TNCs, larger NGOs) of funding and become less reliant on a single source of funding for population and health related activities.

6) Population and Children

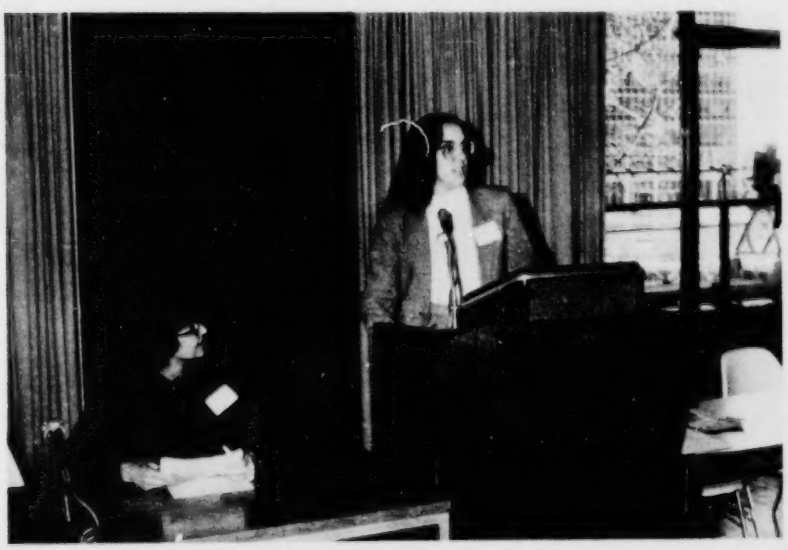
We feel the best way for population activities to directly effect children is to support programmes which promotes women's development.

7) Population and Youth

We urge governments to prepare youth better for their roles within their own countries. We also call for education that will increase the options for young women in the society in which they live and work.

8) Population and Aging

We urge that the leadership role of the elderly be facilitated and utilized in the areas of education, communication and influencing policies at the village, regional, national and international level.



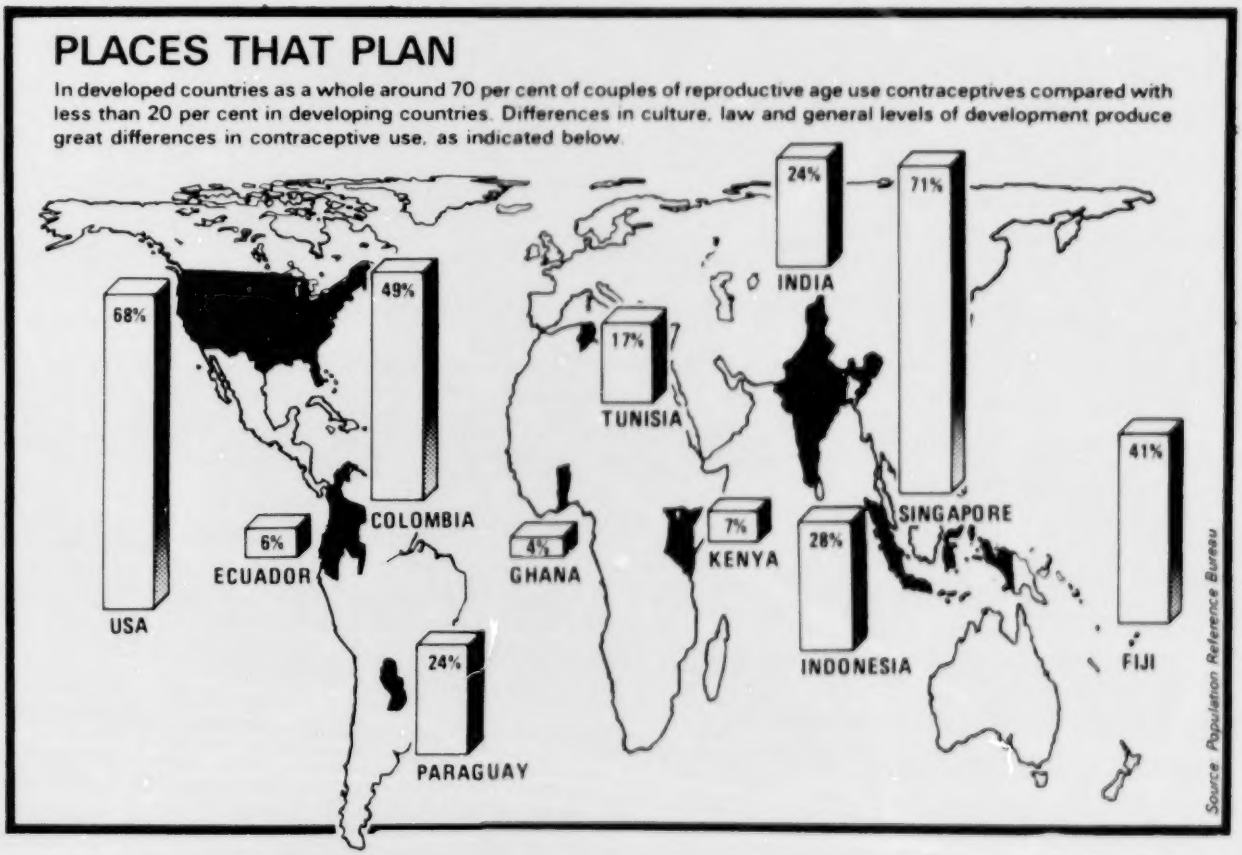
(Ms. Beth Pardo, the rapporteur from the Role and Status of Women working lunch group, reads the recommendation of the group. Edith Segal, representing the League of Women Voters, is the presiding officer of this session.)

FINANCING GLOBAL POPULATION PROGRAMMES

Barbara Hertz
Senior Economist, World Bank

There are now 87 countries in the world supporting family planning in one way or another. These countries cover some 95% of the population and that basically translates into the plain fact that most large population countries do encourage family planning. But there are 25 or so countries that have not yet begun to sponsor family planning programmes. About half of those are in Africa and most of them tend to be poor countries.

At the moment about 40% of all couples in the developing world, including China, use some form of contraception, that ranges from 70% in China and Singapore to less than 10% in most of Africa. The cost of maintaining this level of family planning service is about $2 billion per year. Actually it's about a billion dollars in China and a little bit over a billion dollars being spent annually on family planning in the whole of the rest of the Third World.



There are about 100 million active users in the Third World, however another 65 million couples indicate in one way or another an unmet need. Assuming that 65 million is a reasonably solid number it would cost, at $20 per user, another billion dollars to serve those people. That is one way that people discuss financing.

Another useful way is to think about how many people are within access of family planning; how many people have the option of using the services. Outside of China about 40% have really good access to safe, acceptable and affordable family planning services of more than two varieties. When we speak of good services we mean that the individual or couple has to have more than one or two choices.

If you double expenditures for family planning services it is reasonable to think that you could reach somewhere close to twice the number that you are now reaching. You may fall short because you start programmes in easier areas, with easier groups of people.

To effectuate a rapid decline in the fertility rate which will give the world, by the middle of next century, a population of 6 1/2 billion people, it would take a commitment of around $7 billion in family planning programmes. On the other hand if we rely on the standard fertility decline, a investment of $5.6 billion per annum in family planning programmes will, by the year 2050, give us a world population of 8.4 billion people.

Less than 1% of Official Development Assistance goes to family planning and population programmes. The ODA allotment for population activities in 1984 was roughly 400 million dollars, with another 100 million that comes from various foundations and other non-official sources.

The World Bank believes that assistance ought to double within the next few years. We plan to double our own assistance to population and related health programmes focusing on Asia and Africa.

In this work we don't directly support NGOs. We are encouraging the governments with which we work to support NGOs and we are beginning this process by sponsoring a couple of conferences to promote public and private cooperation. We have just completed one in Africa and we are looking forward to doing several more this year.

IMPLEMENTATION OF THE MEXICO MANDATE

Rafael M. Salas
Under-Secretary-General, United Nations
Executive Director, United Nations Fund for Population Activities

One fundamental characteristic of the Mexico City Conference that more or less distinguishes its provisions from the provisions of the World Population Plan of Action at Bucharest is the emphasis on the role of the NGOs and this you will find in recommendation 84. In addition you will find that in every major section there is always an inclusion of NGOs. Whether you are talking about fertility, morbidity, mortality, migration or urbanization, in many sections NGOs are emphasized. In recommendation 84, you will find words like pioneering work, innovativeness, flexibility of the NGOs.

We are aware that the population growth rate has gone down, largely through the efforts of the developing countries. Of course this means, ultimately, that the majority of the parents, couples and individuals in developing countries are making decision for smaller families. How this is approached is really left to the organizations, institutions and governments existing in each of these developing countries.

(When asked about recent media queries of the UNFPA programme in China, Mr. Salas stressed that UNFPA does not support projects related to abortion in that country or anywhere else.)

If you look at the 88 recommendations from Mexico City you will see how wide the perception is on population problems today in all countries. This globalism is mainly structured in four sections.

The first section concerns itself with fertility and the family. This is the primary concern of most developing countries, particularly in Asia because of the high growth rates. Some countries, few in number, are concerned with increasing their population. Examples of this are countries in Latin America like Uruguay, Paraguay, Chile and Argentina. Or countries in the Middle East where, because of lack of manpower, they are concerned with increasing their population.

The other group of recommendations refer particularly to urbanization and migration. The projected urban growth rates for the countries of Latin America and the Caribbean show that 62% of their population will be urbanized. This is equivalent to the urban growth rates of the United States and the developed countries of Europe. These rates not only reflect the tremendous numbers of people crowded into the already overburdened cities but also imply the problems of adequate housing, sanitary conditions, transportation, unemployment and health care.

Another group of recommendations deals with the question of morbidity and mortality. As you are well aware, the targets of life expectancy and infant mortality set at the conference. New targets have been set in order to insure that the countries will actively work in this area about reducing maternal morbidity and mortality, as well as infant mortality, and increasing life expectancy

The final area which indicates the widened perception on population issues is on population structures, and in particular aging. It is estimated that nearly 30% of the population, including that of United States, will be 65 years or older by the year 2000. Now if you think of the kind of social and economic programmes that you will have to readjust to accomodate this aging population you will see the importance of this subject.

I think one particular gain that we have achieved in the past 10 years is the fact that there is a specific reference point now when it comes to population. Population issues are now intelligible to all the countries regardless of whether they are developed or developing, East or West, North or South. Repeatedly I have acknowledged that the essential awareness of population problems in developing countries was the result of the pioneering work of NGOs making governments understand the linkage between voluntary family planning and population and development policies.

The ultimate solution is increased education of couples and their awareness of the consequences of raising the number of children that they decide upon. If we can do this I think we will have done a tremendous job in stabilizing the world population growth.

The guiding principles of UNFPA are respect for the sovereignty of nations and the right of couples and individuals to decide freely and responsibly the number and spacing of their children. The ultimate goal of population work is the preservation and enrichment of human life.

THE NEXT MAJOR STEP

Werner Fornos
President, Population Institute

Mexico City was a reaffirmation that the nations and people of the world are going to solve the population problem and it is probably one of the few social problems that we can solve. Population is more pervasive than nuclear war because it is a silent explosion that occurs daily. Despite our worries about the temporary obstacles that are thrown in our way, each day more people are joining the crusade to help improve the quality of life. People shall have the basic human right to choose the size of their family and the means available to do so.

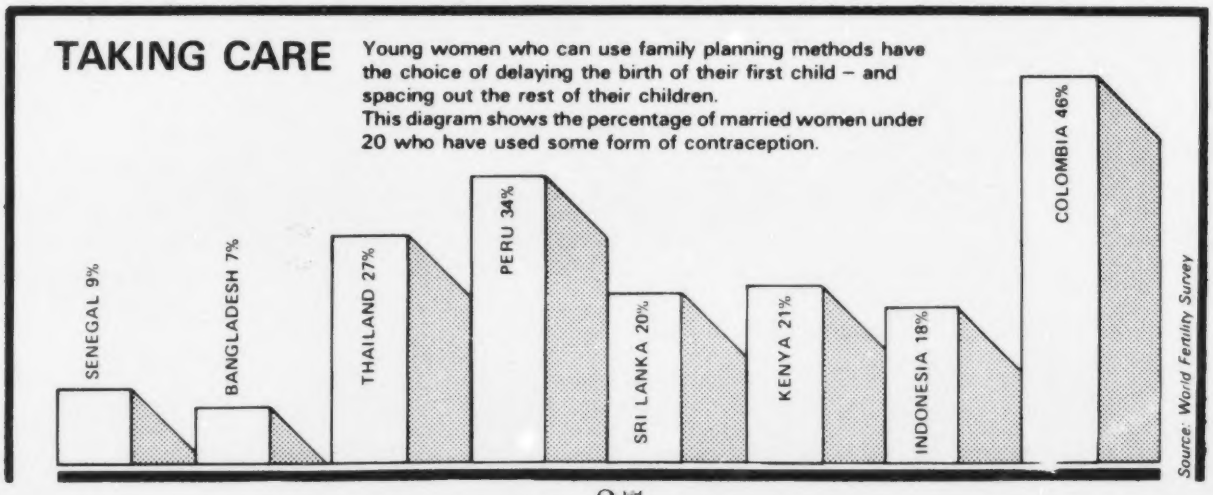
When we speak about the next major step we have to take the offensive. We are providing a service which is unmatched when it comes to determining the quality of life.

Those who represent US non-governmental organizations should take the courage to urge the US Adminstration to stop punishing the poor women through out the world because of what they suspect might be going on in China. We urge that organizations take a position on demanding that the properly executed funding authority of the US, signed into effect by the President, make available to UNFPA the $46 million of this years population assistance.

The publications of the organizations represented here today should spread the truth concerning this and other population issues. Furthermore, as individual members in organizations or as a private citizen we should all participate in the decision making process in a democratic fashion.

We need to elevate the empoundment and cut-off of funds, as epitomized by the situation of UNFPA and IPPF, to a foreign policy issue of the highest priority. I know of no one else who can do that better than the poor people that we have served with scarce humanitarian funds in countries around the world. The international organizations need to contact the various ambassadors stationed in their countries and express their concern about the cutback in funding with its deleterious effect on the quality of life, the health of the worlds population and the development process.

If there is to be a war for the development of the quality of life then let us be on the side that worries about the poorest people in the world.


TAKING CARE
Young women who can use family planning methods have the choice of delaying the birth of their first child – and spacing out the rest of their children.
This diagram shows the percentage of married women under 20 who have used some form of contraception.
SENEGAL 9%
BANGLADESH 7%
THAILAND 27%
PERU 34%
SRI LANKA 20%
KENYA 21%
INDONESIA 18%
COLOMBIA 46%
Source: World Fertility Survey

(Hernan Sanhueza answers questions from the participants on the activities of family planning in the Western Hemisphere region.)

(Werner Fornos traces the history of the US Adminstrations position on funding agencies which deal with population issues and offers practical solutions on how to secure support at home and abroad.)

BIOGRAPHICAL INFORMATION ON SPEAKERS

WERNER FORNOS is President of the Population Institute, the largest public network seeking to bring global population in balance with resources. He is also Director of the Population Action Council, a division of the Institute that focuses on establishing a strong commitment from leadership in the industrialized world--especially in the United States--to solve the problem of rampant population growth. Mr Fornos participated in the Expert Group Meeting on Fertility and the Family, New Delhi, India; Population, Resources, Enivironment, Development Conference Geneva, Switzerland and all meetings leading to the ICP in Mexico. Mr. Fornos has been a management consultant in family planning to such institutions as the United States Agency for International Development, the American Public Health Association, Westinghouse Health Systems, the Airline Foundation and George Washington University. He has worked on development projects around the world. Under his leadership, the Population Action Council has recruited 27,000 community leaders who speak out on popluation issues at the local and national levels.

KAVAL GULHATI who has been the President of the Centre for Development and Population Activities since 1980, has a professional background in social science, population, management and training. Her academic qualifications include a Masters degree from Delhi University and a certificate in Management Studies from Oxford University in England. She began her career in family planning in India during the 1960's and since 1970 has worked in the population sector with a focus on training and program management. In 1978, she started CEDPA's innovative management training programmes for Third World women managers working in health and family planning, which includes a service-delivery in-country follow-up component. She is the author of several publications and is writing her Ph.D dissertation on management for Oxford University.

BARBARA K. HERTZ has a B.A. in Economics from Wellesly College and a Ph.D in Economics from Yale University. She worked for 12 years at the United States Agency for International Development where she was responsible for policies in Population, Health and Nutrition. At present she is a senior economist at the World Bank.

DAVID POINDEXTER has been the NGO representitive of the Population Institute at the U.N. since the early seventies. He has, for years, been the convenor of the Working Group on Population of the CONGO Committee on Development (New York), and Chair of the Sub-committee on Population for the Conference of U.N. Representitives of the UNA-USA. Four years ago he took the lead in organizing the NGO Population Task Force at U.N. Headquarters, which sponsors this consultation. In his capacity as Director of the Communication Centre of the Population Institute, his work with national population communication programmes in all regions necessitates continuing overseas travel.

RAFAEL SALAS who is an Under Secretary General of the United Nations is Executive Director of the United Nations Fund for Population Activites, and has served as the only head of UNFPA since it became operational in 1969. In the Philippines, his native country, he was Executive Secretary of the Philippine Republic from 1966 to 1969, and intitiated the "green revolution" in the late 1960's. As a diplomat, he served on numerous delegations to international conferences. He served as Assistant Vice-President of the University of Phillipines, and taught law, economics and political science. He is a graduate of the same university (A.B., magna cum laude; LL.B., cum laude) and Havard University (M.P.A.). He has also recieved many honorary degrees, honorary professorships and academic awards from academic institutions around the world. He was named "Diplomat of the Year" in 1976 by the Editorial Board of the Diplomatic World Bulletin. He is the author of International Population Assistance: the First Decade (1979), and People: an International Choice (1976), as well as the author of numerous articles on governmental management and population issues.

HERNAN SANHUEZA M.D., M.Sc. graduated as a physician from the University of Chile Medical School in 1971. He practiced obstetrics and gynecology for several years in Chile, where he organized one of the first family planning clinics and worked as assistant professor in the Department of Preventive Medicine in the University of Chile's School of Public Health. Pursuing his interest in the population field, he obtained a graduate degree in medical demography from the University of London in 1971. He joined the International Planned Parenthood Federation in February of 1972 as Medical Director of the Western Hemisphere Region (WHR), serving in that capacity until February of 1978, at which time he was appointed Director of the WHR office, the position he presently holds. As Regional Director, Dr. Sanhueza heads an inter-disciplinary team of professionals who provide assistance to 42 family planning associations in the region. Dr. Sanhueza was coordinator of the Western Hemisphere Conference of Parlimentarians on Population and Development held in Brasilia, Brazil in December, 1982, and in 1983 he was named Executive Coordinator of the Inter-American Parliamentary Group on Population and Development.

SHELDON SEGAL attended Dartmouth College and recieved his Ph.D. degree in Embryology and Biochemistry from the University of Iowa. He was an officer of the Population Council from 1956-1978 serving as Director of its Biomedical Division and as Senior Vice -President. He is the author of over 150 research papers on endocrinology, reproductive biology and family planning. A Fellow of the World Academy of Art and Science, he was the 1980 recipient of the Clarence James Gamble Award for contributions to solutions to population problems and the 1981 Joseph C. Wilson Award for contributions to international understanding. Dr. Segal is Laureate of the United Nations Population Award for 1984. Dr. Segal is currently the Director for Population Sciences of the Rockefeller Foundation, New York City and a member of the adjunct faculty of the Rockefeller University.

BRADMAN WEERAKOON is the Secretary General of the International Planned Parenthood Federation. Prior to his appointment in April 1984, Mr. Weerakoon was Secretary and Principal Advisor to the Prime Minister of Sri Lanka. In that post, he played a special role in social and economic development planning, including the modernization of Sri Lanka's major industries. Mr. Weerakoon has extensive experience in family planning, having held various offices in the Family Planning Association. He has also been a member of two Basic Needs Assessment Missions of the United Nations Fund for Population Activities to India and Pakistan.

PART II - RECOMMENDATIONS FROM MEXICO CITY ICP

"Internationally accepted policies can achieve their purpose without violating either the sovereignty of nations or the dignity and freedom of the human person. To do so requires sustained attention by governments and individuals to the importance of population. This calls for commitment to action, with concern for the importance of human values. From the evidence of the International Conference on Population, the international community is prepared to make that commitment."

Rafael M. Salas: Executive Director, UNFPA

Note: *These recommendations, excerpted from the final report of the International Conference on Population (1984), refer specifically to non-governmental organizations.*

THE ROLE AND STATUS OF WOMEN

Recommendation 5

Governments are strongly urged to intergrate women fully into all phases of the development process, including planning, policy and decision-making. Governments should pursue more aggressively action programmes aimed at improving and protecting the legal rights and status of women through efforts to identify and remove institutional and cultural barriers to women's education, training, employment and access to health care. In addition, Governments should provide remedial measures, including mass education programmes, to assist women in attaining equality with men in the social, political and economic life of their countries. The promotion of community support and the collaboration, at the request of Governments, of non-governmental organizations, particularly women's organizations, in expediting these efforts should be given paramount importance.

DEVELOPMENT AND POPULATION POLICIES

Recommendations 12

Governments are encouraged to provide adequate resources and, where appropriate, to adopt innovative measures for the implementation of population policy. To be effective and successful, population programmes and development activities should be responsive to local values and needs, and those directly affected should be involved in the decision-making process at all levels. Moreover, in all activities, the full participation of the community and concerned non-governmental organizations, in particular women's organizations, should be encouraged.

GOALS AND GENERAL GUIDANCE FOR HEALTH POLICIES

Recommendation 15

Governmental, intergovernmental, parliamentary and non-governmental organizations should involve the community in all possible ways in the planning, implementation and evaluation of health improvement programmes.

Recommendation 21

Governments are strongly urged to take all necessary measures, including, whenever they consider it useful, utilizing the services of non-governmental organizations, to raise the level of education attained by women as an end in itself and because of its close link to child survival and spacing. In countries where there are still many illiterate women, a supplementary effort should be made to extend mass education programmes.

ADULT MORBIDITY AND MORTALITY

Recommendation 23

Governments, assisted by intergovernmental and non-governmental organizations, are urged to provide individuals and families with all the relevant information on the ways in which personal behaviour or practices affect health, and to ensure that the necessary resources are available for them to act on basis of this information. In this context, Governments are urged to initiate or strengthen preventive action programmes to reduce the consumption of tobacco, alcohol, drugs and other products potentially dangerous to health.

REPRODUCTION AND THE FAMILY

Recommendation 27

Governments and intergovernmental and non-governmental organizations are urged to allocate, in accordance with national policies and priorities, the necessary resources to family planning services, where these services are inadequate and are not meeting the needs of a rapidly growing population of reproductive age.

Recommendation 28

Governments are urged to improve the quality and enhance the effectiveness of family planning services and of the monitoring of those services, including appropriate follow-up. Coverage should be extended as rapidly as possible to all couples and individuals of both sexes, particularly in rural areas. Family planning services should be made available through appropriate and practicable channels, including integrated health care programmes (especially maternal and child health and primary health care), community based distribution, subsidized commercial retail sales, and, in particular, local distribution through retail outlets where health infrastructure and health referral services exist. Also, Governments should bear in mind the innovative role which non-governmental organizations, in particular women's organizations, can play in improving the availablity and effectiveness of family planning services. All countries should ensure that fertility control methods conform to adequate standards of quality, efficacy and safety.

REFUGEES

Recommendation 55

Governments and international agencies are urged to find durable solutions to problems related to refugee and refugee movements and to work towards the elimination of the causes of these problems. Goverments, international organizations and non-governmental organizations are urged to continue and promote the protection of refugees and to provide support and assistance to first asylum countries in satisfying the basic needs of refugees. Efforts towards the creation of conditions in which voluntary repatriationmay take place should be prusued and assistance should be provided in rehabilitating returnees. The basic freedoms and human rights of returnees and their families should be guaranteed and assistance should be provided in developing opportunities for a return to a normal and productive way of living. In situations where neither voluntary repatriation nor resettlement in third countries seems to be feasible, Governments, international organization and non-governmental organizations are urged to provide support and assistance to the countries of first asylum in developing the capacity of the national economic and social infrastructure to sustain and, subject to the full approval of the host countries, to integrate refugees.

POPULATION STRUCTURE

Recommendation 57

Governments, specialized agencies of the United Nations system and other concerned intergovernmental and non-governmental organizations are invited to intensify their efforts in the execution of specific programmes related to youth duly taking into account the situation, the needs, the specific aspirations of youth and the Specific Programme of Measures and Activities to be undertaken before and during the International Youth Year endorsed by the General Assembly.

RESEARCH

Recommendation 70

Governments and intergovernmental and non-governmental organizations should give priority to service and operational research, including (a) acceptability of programmes and methods; (b) programme design and implementation; (c) management of programmes, including training of personnel, monitoring, logistics and impact evaluation; and (d) effectiveness of programmes, including information on planning the number of children. To increase the acceptance and to improve the design of family planning service programmes, priority should be given to social research into the determinants and consequences of fertility. However, substantive priorities should continue to reflect the needs of the countries. The allocation of research tasks should be pragmatically divided amoung institutions that operate at the national, regional or global levels, in order to make the best possible use of available resources.

Recommendation 71

Governments and intergovernmental and non-governmental organizations should provide required assistance for the development and continued effectiveness of research capabilities, especially at the country level, as well as at the regional and global levels. Arrangements to facilitate the exchange of research findings within and between regions should also be further strengthened. Results of such research should be used in the implementation of action programmes, which in turn should have adequate built-in evaluation procedures.

Recommendation 72

In setting population research goals, Governments and intergovernmental and non-governmental organizations should endeavour to make them relevant to policies and programmes, with the objective of making innovations in policy formulation, implementation and evaluation. Special emphasis should be given to research on the integration of population processes with socio-economic development, considering not only applied but also theoretical and methodological topics.

MANAGEMENT, TRAINING, INFORMATION, EDUCATION AND COMMUNICATION

Recommendation 73

Governments and intergovernmental and non-governmental organizations should increase their support to the management of population programmes. They should also expand training programmes in population fields, particularly in the areas of demography, population studies, survey research, management, family life, sex education, maternal and child health, family planning and reproductive physiology. Such efforts should focus on action-oriented training, reflecting the milieu of the area, country or region concerned. Local-level training should be supplemented by programmes of technical co-operation among the developing countries and between developed and developing countries, so that they can learn from each other's experience. Development and expansion of national regional population training institutes and facilities should be encouraged and strengthened. Special attention should also be given to the need to train those who will be involved in the training activities. In order to ensure increased participation of women in the design, management, implementation and evaluation of population programmes, special attention should be given to the need to include women in all training activites.

Recommendation 74

Governments, with the assistance, as appropriate, of the intergovernmental and non-governmental organizations, should continue to explore innovative methods for spreading awareness of demographic factors and for fostering the active involvement and participation of the public in population policies and programmes and to intensify training of national personnel who are engaged in information, education and communication activites (including the management and planning of those activites), in developing integrated communication activites and education strategies, utilizing mass media and community-level and interpersonal communication techniques.

ROLE OF INTERNATIONAL CO-OPERATION

Recommendation 79

The international community should play an important role in the further implementation of the World Population Plan of Action. For this purpose, amoung other things, adequate and substantial international measures of support and assistance should be provided by developed countries, other donor countries and intergovernmental and non-governmental organizations.

Recommendation 84

National non-governmental organizations are invited to continue, in accordance with national policies and laws, their pioneering work in opening up new paths and to respond quickly and flexibly to requests from Governments, intergovernmental and international non-governmental organizations, as appropriate, for the further implementation of the World Population Plan of Action. Governments are urged, as appropriate, within the framework of national objectives, to encourage the innovative activites of non-governmental organizations and to draw upon their expertise, experience and resources in implementing national programmes. Donor are invited to increase their finanical support to non-governmental organizations.

PART III - SOME USEFUL MATERIAL FOR POPULATION EDUCATION

EXCERPTS FROM UNFPA REPORT:

THE STATE OF WORLD POPULATION 1984

THE STATE OF WORLD POPULATION

POPULATION AND THE QUALITY OF LIFE

From 1980 to 1982 the economies of the developing countries grew at 1.9 per cent annually while population grew at 2.02 per cent. In the poorest nations, per capita income only rose about one per cent a year between 1960 and 1981. The reduction in international aid during the economic recession, slacking demand and falling prices for their exports, the high cost borrowing and debt repayment crisis have all contributed to slower economic growth; but even a high growth rate between 5 to 6 per cent between 1975 to 2000 would still leave over 600 million persons below the poverty line in the developing countries in the year 2000.

The combination of rapid population growth, slowly growing income and inadequate technology lead to over-exploitation of land resources for food and fuel. The result is a deteriorating human and natural environment.

These are compelling reasons for the re-examination of the relationship between population and the quality of life. It is necessary now to identify factors which will contribute to improvement of the quality of life despite probable low growth in income. The international community will then be able to re-direct development policies and programmes and select specific targets for population, both to improve the quality of life and alleviate poverty.

Demographic factors in the quality of life

In traditional economics, income or output per capita is taken as an indicator of the quality of life. In 1981, the per capita income of the richest country was nearly 220 times the per capita income of the poorest country. Such low levels of income will barely provide the minimum needs of life. Under present growth trends, international disparities will almost certainly widen. At present growth rates, it will take 70 to 90 years for the poorest countries to double their per capita income; even this will only slightly improve their standards of living. Meanwhile, their populations will double in thirty-five years or even less.

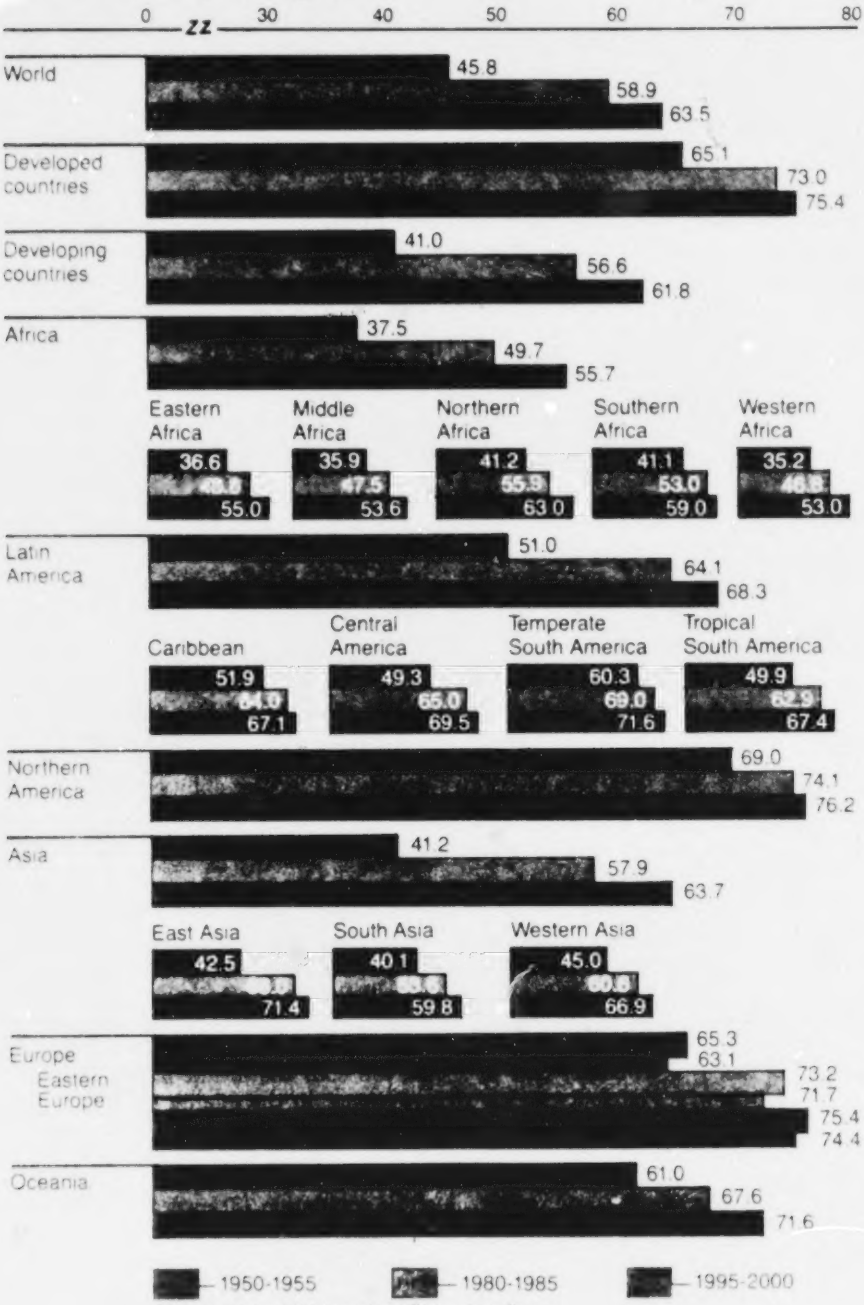
A major objective of development will continue to be the growth of per capita income in the developing countries, as one of the means to improve living conditions and reduce international disparities in income and wealth. In the meantime, immediate and short-term measures are necessary to improve the quality of life independent of the rise in per capita income.

The demographic variables associated with a better quality of life are: (1) longer life expectancy, (2) lower mortality rates for all age groups of the population, (3) lower morbidity rates and (4) lower fertility rates.

Though it is widely recognized that demographic variables underlie the broader economic analysis, they are not normally treated as part and parcel of the economic system. The result is that even when demographic targets are laid down their are not often met, because demographic policies and programmes are not integrated with general development programmes. This is probably the

FIGURE 1

Estimated and projected life expectancy at birth, major regions



Source: United Nations (see Reference 7)

result of failure to appreciate the significance of demographic targets in improving social and economic welfare. The integration of population and development will therefore be a central issue of the 1980s; the extent of its success will determine what happens to population trends and the quality of life.

Life Expectancy

Children born in a developed country in 1950 had a life expectancy on average of 65 years. For a child born today it is 73. In contrast, life expectancy in a developing country in 1950 was only 41 years; this has now risen to an average of 56.6, an improvement of 40 per cent. While this is a remarkable achievement, United Nations projections indicate that the average life expectancy will only rise to 61.8 years for the developing countries as a group by the year 2000.

In the African region, only Northern Africa shows improvement in levels of life expectancy. Average life expectancy has reached 56 years during 1980-1985 and it is expected to rise to 63 by the year 2000. Countries of Western and Middle Africa have the lowest life expectancies; they are expected to reached only 53 years even by the year 2000.

Life expectancy is low in South Asia, which includes the Indian sub-continent and the adjacent countries. The countries of this region contains about one-third of the total population of the developing countries.

Most progress has been acheived in life expectancy in Latin America and East Asia where it already exceeds 62 years. In East Asia, China has made impressive gains in the average length of life, where it is estimated at 67.4 years for the period 1980-1985.

Mortality Rates

Closely related and determining life expectancy is the pattern of mortality. There are marked differences in mortality patterns between the developed and developing countries. In the former, there is a sharp drop in death rate from the first year, while in the developing countries high death rates persist throughout early childhood.

The crude death rate for the world as a whole declined from an annual average of 19.7 per 1000 population between 1950-1955 to 10.6 per 1000 during 1980-1985 and it is projected to fall 9.1 per 1000 by 1995-2000. For the developing countries, the average annual crude death rate declined from 24.4 per 1000 during 1950-1955 to 11.0 per 1000 in 1980-1985 and is projected to decline to 9 per 1000 by 1995-2000. The death rate in the developed countries has remained stable between 9 and 10 per 1000 for a number of years. Differences in rates between these countries in this group are negligible. For developing countries on the other hand there are wide variations between regions, and between countries within a region, which the average figures do not show.

Principal among the varied components of high mortality in the developing countries is high infant mortality. In fact, infant mortality is considered an important indicator of demographic welfare, since it reflects best the prevailing economic and social conditions of a country. Infant mortality rates are very high in African countries and especially in tropical regions of sub-Saharan Africa, the most recent estimates exceeding 200 per 1000 live births. That is to say that more than one out of five babies die before their first birthday. Infant mortality rates are also high in South Asia, particularly in the countries of the sub-continent (excluding Sri Lanka) and are declining much more slowly than elsewhere in Asia. Countries of Temperate South America and East Asia have the lowest infant mortality rates among developing countries, below 50 per 1000 live births in 1980.

Mortality rates also vary considerably between the sexes, social and ethnic groups, and across occupational catagories. For instance, the World Health Organization estimated that some 50,000 maternal deaths occured in Africa, 20 per cent of the world total. In developing countries, there are also marked differences between urban and rural mortality rates. All these differences are closely linked to social and economic policy and have important implications for improving the quality of life of the population.

Morbidity Patterns and Causes of Death

Morbidity patterns and causes of death in developing countries provide important information on the health of their populations and on the nature of health care systems. They also provide insights into the state of nutrition, sanitary and living conditions and the extent of preventive public health measures. An analysis of the causes of death indicates the contributions of different factors to overall mortality and helps in designing health interventions to reduce it.

Estimates show marked differences between the developed and developing countries. Circulatory diseases and neoplasms account for 48 per cent and 19 per cent respectively of the deaths in developed countries, but for only 16 per cent and 6 per cent respectively among the developing countries. On the other hand, in developing countries influenza, pneumonia and bronchitis account for twice the total percentage of deaths from all respiratory diseases in developed countries. Besides, diseases of infancy, diarrhoeal diseases and other infectous and parasitic diseases account for a quarter of all death in developing countries.

There are again marked differences in mortality patterns between the regions of the developing world, the pattern and the underlying factors in Africa, for example, being quite different from those of Latin America. However, lack of information prevents detailed analysis of the differences.

Fertility

Fertility rates influence the quality of life in a number of ways. The rate of population growth is determined by fertility rates in combination with mortality rates. Reduction of mortality is an important contributing factor to an improvement in the quality of life, but if it is not accompanied by reductions in fertility rates, its effects will be neutralized by population

growth. Secondly, high fertility rates affect the status of women, their particpation in the labour force, the conditions of maternal and child health and even the opportunities for children's schooling. Studies indicate that a reduction in fertility is also conducive to lower pre-natal and post-natal mortality rates. Smaller family size not only raises per capita income and consumption level of the family, but also creates the pre-conditions for the younger generation to rise in the world.

The average number of children born to a women in Africa during the period 1970-1975 to 1980-1985 is estimated to have declined by only 0.9 per cent, from 6.49 children to 6.43 children, and this is soley due to the decline observed in Northern and Southern Africa. In all other parts of Africa, fertility rates have risen.

In Latin America, the countries of Central America and the Caribbean have experienced the largest declined, over 25 per cent, during the same period. Apart from China, other East Asian countries show fertility declines of about one-third. South Asia, which includes India and other countries of the sub-continent, indicate fertility declines of about 18 per cent.

The differences in the rates of fertility decline have important implications for global and regional trends in population growth. During the thirty-year period 1950-1955 to 1980-1985, the global birth rate has declined by 28 per cent and the global death rate by 46.2 per cent. During the same period, the declines in developing countries were 31 per cent and 55 per cent respectively. In the developing countries during the period 1970-1975 to 1980-1985, birth rates declined by 16.5 per cent and death rates by 21 per cent. These figures suggest that there has been a deceleration in the rate of decline of mortality while birth rates are declining more quickly than before.

Integration of Population with Development

World population is estimated at 4.76 billion in 1984, 770 million more than the population of 1974. By the year 2000, total global population is projected to reach 6.13 billion. These projections assume a declining rate of population growth, falling from an annual rate of increase 1.72 per cent in 1980 to 1.46 in the year 2000.

However, the global growth rate conceals wide diversity between rates for developed and developing countries. In the former, growth is projected to decline from an annual rate of 0.69 per cent in 1980 to 0.49 per cent in the year 2000, while in the developing countries, the decline would be from 2.08 per cent to 1.71 per cent. By the year 2000, four-fifths of world population will be living in developing countries.

United Nations estimates for economic growth show that total output grew at an annual average rate of 6.0 per cent during 1960-1970 and at 5.2 per cent during 1970-1980 for the developing market countries, compared to 4.9 per cent and 3.1 per cent respectively for developed market economies. But because of rapid population growth, per capita income in developing countries grew more slowly than the developed countries, at around 2.6 per cent per annum, widening the international disparity in income and wealth.

Africa and South Asia have the lowest life expectancies, high mortality rates and some of the highest birth rates. These two regions between them will account for about 47 per cent of the total population of developing countries in the year 2000. During the period 1974-1984 population growth in Africa has averaged 3.0 per cent per annum while total output has grown at a rate of less than 1.5 per cent per annum, resulting in a decline in per capita income. The annual population growth rate for Africa will exceed 3 per cent for the rest of this century, and if the economics of the developing countries as a group could only grow at 4.8 per cent per annum, the prospects of raising per capita income in Africa and other least developed countries appear rather bleak.

It is in this context that population policy assumes the greatest significance. Is it possible to implement policies and programmes which can lenghten life expectancy, reduce mortality rates and lower fertility rates? If these policies are integrated with development programmes, will they not at least achieve an improvement in the demographic components of the quality of life?

A number of low-income countries and lower middle income countries such as China, Colombia, Costa Rica, Cuba, Jamaica, the Philippines, Sri Lanka and Thailand have achieved life expectancies exceeding 60 years, low infant mortality rates and substantial reductions in birth rates. A number of common elements can be discerned in the policies and programmes of all these countries. The most important appear to be related to (1) health (2) family planning and (3) education.

Population, Resources and Environment

The Report of the Preparatory Committee for the International Conference on Population states that "to achieve the goals of development, the formulation of national popualtion goals and policies must take into account the need to contribute to an economic development which is environmentally sustainable over the long-run and which protects the ecological balance."

An increase in life expectancy and improvement in general health of the population cannot be sustained for long without and improvement in standards of living. It is the struggle to survive even in abject poverty that has made the ecological balance a razor's edge. Three factors, nutrition, energy and shelter - essential ingredients in the quality of life - have significant environmental impacts. Since natural resources are part of the environment the rate and manner of their utilization will determine how the ecological balance is maintained. All indications are that this will be a crucial issue if investment and technology are not provided to the developing countries to meet their food, fuel and housing needs.

An adequate calorie intake is an important component in the quality of life. While growth of total food output exceeded total population growth between 1960 to 1980 in the developing countries, there were many countries were it did not. This was particularly so in Africa where the population growth rate was at least twice the growth rate of food output. FAO estimates that cereal self-sufficiency in the developing countries (excluding China) would decline from 92 per cent for 1975-1979 to 83 per cent in 2000; to meet this shortage, cereal imports would have to rise from approximately 100

million tons in 1981 to nearly a quarter billion tons in the year 2000. If imports on this scale fail to materialize, the number of undernourished persons is projected to increase from an average 435 million during 1974-1975 to nearly 700 million in the year 2000.

The food-population imbalance largely arises from low agricultural productivity in the developing countries. In the past, growth of food output has kept pace with or exceeded population growth mainly because of an expansion in the area under cultivation. Between 1860 and 1920 arable land area increased at the rate of 0.77 hectacres per additional person. Between 1920 and 1978, this figure declined to 0.17 hectarces per additional person. Though there are large areas of unused land in Africa, much is unsuitable for farming or for grazing because of climatic, soil and other ecological factors. Extension of cultivation to such areas often results in an increase in desertification and a decrease in soil nutrients.

Another factor tilting the ecological balance is the failing supply of energy in the developing countries. In many developing countries, rural populations depend on wood for their energy needs and as supplies shrink, its collection has become more and more time consuming. This is now considered an important factor in deforestation in the developing countries with drastic consequences for the future.

Finally, the inadequacy of housing, and the lack of basic amenities such as drinking water and sanitation, not only affect the quality of life but also the rate of morbitity and motality. An improvement in the quality of life requires not only population policies, but also programmes to improve nutritional intake, provide new and renewable sources of energy and improve living conditions.

WORLD POPULATION CHART

UNFPA

REGION, COUNTRY, OR AREA	TOTAL POPULATION (000s) 1984	2000	RATE OF GROWTH 1980-85	1995-00	CRUDE BIRTH RATE 1980-85	TOTAL FERTILITY RATE 1980-85	CRUDE DEATH RATE 1980-85	INFANT MORTALITY RATE 1980-85	EXPECTATION OF LIFE AT BIRTH 1980-85 MALE	FEMALE
WORLD TOTAL	**4763004**	**6127117**	**1.67**	**1.52**	**27.3**	**3.55**	**10.6**	**81**	**57.5**	**60.3**
MORE DEVELOPED REGIONS (†)	1165611	1275655	0.64	0.52	15.5	1.98	9.6	17	69.4	76.9
LESS DEVELOPED REGIONS (‡)	3597393	4851462	2.02	1.79	31.2	4.09	11.0	92	55.5	57.7
AFRICA	**536685**	**877439**	**3.01**	**3.05**	**46.4**	**6.43**	**16.5**	**114**	**48.2**	**51.3**
EASTERN AFRICA (1)	155447	266238	3.23	3.39	49.1	6.79	17.0	110	47.2	50.5
Burundi	4503	6951	2.67	2.67	47.6	6.44	20.9	137	42.4	45.6
Comoros	443	715	3.04	2.84	46.3	6.29	15.9	88	48.3	51.7
Ethiopia	35420	58407	2.60	3.07	49.2	6.70	21.5	143	41.3	44.5
Kenya	19761	38534	4.12	4.11	55.1	8.12	14.0	82	51.2	54.7
Madagascar	9731	15552	2.80	2.97	44.4	6.09	16.5	67	48.9	50.4
Malawi	6788	11669	3.23	3.40	52.1	7.00	19.9	165	43.4	46.6
Mauritius (2)	1031	1298	1.90	1.19	25.5	2.76	6.0	32	64.3	69.2
Mozambique	13693	21779	3.05	2.94	44.1	6.09	16.5	110	47.8	51.1
Reunion	555	685	1.40	1.18	20.5	2.23	6.5	19	64.6	68.2
Rwanda	5903	10565	3.46	3.66	51.1	7.30	16.6	110	47.8	51.2
Somalia	5423	7079	3.71	2.54	46.5	6.09	21.3	143	41.3	44.5
Uganda	15150	26774	3.50	3.51	49.9	6.90	14.7	94	50.3	53.8
United Rep. of Tanzania	21710	39129	3.52	3.71	50.4	7.10	15.3	98	49.3	52.7
Zambia	6445	11237	3.31	3.52	48.1	6.76	15.1	101	49.6	53.1
Zimbabwe	8461	15132	3.50	3.65	47.2	6.60	12.3	70	53.5	57.9
MIDDLE AFRICA (3)	60819	96072	2.70	2.92	44.8	6.03	17.9	120	45.9	49.2
Angola	8540	13234	2.51	2.82	47.3	6.39	22.2	149	40.4	43.6
Cameroon	9467	14424	2.54	2.66	43.2	5.78	17.8	117	46.4	49.7
Central African Republic	2508	3736	2.29	2.57	44.7	5.89	21.8	143	41.4	44.6
Chad	4901	7304	2.28	2.56	44.2	5.89	21.4	143	41.4	44.6
Congo	1695	2646	2.59	2.85	44.5	5.99	18.6	124	45.0	48.1
Equatorial Guinea	383	559	2.15	2.41	42.5	5.66	21.0	137	42.4	45.6
Gabon	1146	1611	1.64	2.42	34.6	4.67	18.1	112	47.4	50.7
Zaire	32084	52410	2.94	3.12	45.2	6.09	15.8	107	48.3	51.7
NORTHERN AFRICA (4)	121386	185671	2.88	2.45	41.9	6.01	12.9	108	54.8	57.0
Algeria	21272	35194	3.28	2.86	45.1	6.97	12.3	109	56.9	58.8
Egypt	45657	65200	2.52	2.02	38.4	5.23	12.5	113	56.4	58.2
Libyan Arab Jamahiriya	3471	6072	3.84	3.27	45.6	7.18	10.9	92	56.4	59.5
Morocco	22848	36325	3.26	2.63	44.0	6.44	11.5	99	56.4	59.5
Sudan	20945	32926	2.86	2.74	45.9	6.59	17.4	118	46.6	49.0
Tunisia	7042	9725	2.40	1.73	34.1	4.92	10.1	85	60.1	61.1
SOUTHERN AFRICA	36246	54456	2.53	2.48	39.6	5.21	14.2	94	51.3	54.7
Botswana	1042	1865	3.45	3.68	50.0	6.50	12.7	79	52.8	56.2
Lesotho	1481	2251	2.53	2.63	41.7	5.78	16.4	110	47.7	51.0
Namibia	1507	2382	2.78	2.86	45.1	6.09	17.3	115	47.0	49.5
South Africa	31586	46918	2.48	2.40	38.7	5.07	13.9	92	51.8	55.2
Swaziland	630	1041	3.03	3.16	47.5	6.50	17.2	129	45.3	51.9
WESTERN AFRICA (5)	162787	275002	3.11	3.31	49.3	6.86	18.5	123	45.2	48.5
Benin	3890	6381	2.86	3.16	51.0	7.00	22.5	146	40.9	44.1
Cape Verde	317	382	1.36	1.00	23.9	2.64	10.3	77	55.4	58.6
Gambia	630	898	1.94	2.31	48.4	6.39	29.0	193	33.5	36.5
Ghana	13044	21923	3.25	3.16	47.0	6.50	14.6	98	50.3	53.7
Guinea	5301	7935	2.33	2.57	46.8	6.19	23.5	159	38.7	41.8
Guinea-Bissau	875	1241	1.91	2.32	40.7	5.38	21.7	143	41.4	44.6
Ivory Coast	9474	15581	3.44	3.01	46.0	6.70	18.0	122	45.4	48.7
Liberia	2123	3564	3.16	3.27	48.7	6.90	17.2	112	47.4	50.7
Mali	7825	12363	2.78	2.84	50.2	6.70	22.4	149	40.4	43.6
Mauritania	1832	2999	2.93	3.08	50.1	6.90	20.9	137	42.4	45.6
Niger	5940	9750	2.82	3.19	51.0	7.10	22.9	146	40.9	44.1
Nigeria	92037	161930	3.34	3.57	50.4	7.10	17.1	114	46.9	50.2
Senegal	6352	10036	2.66	2.94	47.7	6.50	21.2	141	41.7	44.9
Sierra Leone	3536	4868	1.77	2.09	47.4	6.13	29.7	200	32.5	35.5
Togo	2838	4599	2.86	3.05	45.4	6.09	16.9	113	47.0	50.5
Upper Volta	6768	10542	2.34	2.84	47.8	6.50	22.2	149	40.4	43.6

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AMERICAS	**658258**	**847654**	**1.73**	**1.46**	**25.4**	**3.16**	**8.6**	**50**	**63.9**	**69.4**
LATIN AMERICA	**397138**	**549971**	**2.30**	**1.85**	**31.8**	**4.12**	**8.2**	**63**	**61.8**	**66.5**
CARIBBEAN	31364	40833	1.51	1.60	27.1	3.36	8.4	58	62.1	66.1
Barbados	262	307	0.82	0.97	19.9	2.23	8.6	23	68.9	74.5
Cuba	9966	11718	0.62	0.99	16.9	1.98	6.4	20	71.8	75.2
Dominican Republic	6101	8407	2.32	1.75	33.1	4.18	8.0	64	60.7	64.6
Guadeloupe	319	338	0.12	0.47	19.5	2.55	7.3	23	67.8	73.2
Haiti	6419	9860	2.51	2.74	41.3	5.74	14.2	108	51.2	54.4
Jamaica	2290	2849	1.36	1.25	28.3	3.38	6.7	28	68.1	72.6
Martinique	312	338	0.02	0.72	18.8	2.35	7.6	20	68.4	73.5
Puerto Rico	3404	4212	1.55	1.18	22.4	2.62	6.9	17	70.6	77.4
Trinidad and Tobago	1105	1321	0.92	1.05	24.6	2.90	6.2	28	67.8	72.6
Windward Islands (6)	419	524	1.20	1.44	30.4	3.57	6.2	32	66.8	71.4
Other Caribbean (7)	769	959	1.34	1.33	24.8	2.87	6.1	26	68.5	72.9
CENTRAL AMERICA (8)	102811	149557	2.68	2.14	35.1	4.76	7.4	57	62.9	67.1
Costa Rica	2534	3596	2.64	1.89	30.5	3.50	4.2	20	70.5	75.7
El Salvador	5388	8706	2.93	2.90	40.2	5.56	8.1	71	62.6	67.1
Guatemala	8165	12739	2.92	2.74	38.4	5.17	9.3	68	59.7	61.8
Honduras	4232	6978	3.39	3.18	43.9	6.50	10.1	82	58.2	61.7
Mexico	77040	109180	2.59	1.92	33.9	4.61	7.1	53	63.5	68.1
Nicaragua	3162	5261	3.32	2.95	44.2	5.94	9.7	85	58.7	61.0
Panama	2134	2893	2.17	1.69	28.0	3.46	5.4	26	69.2	72.9
TEMPERATE SOUTH AMERICA (9)	44964	55496	1.55	1.17	24.3	3.21	8.6	37	65.7	72.4
Argentina	30094	37197	1.58	1.18	24.6	3.38	8.7	36	66.4	73.1
Chile	11878	14934	1.68	1.27	24.8	2.90	7.7	40	63.8	70.4
Uruguay	2990	3364	0.70	0.71	19.5	2.76	10.2	38	67.1	73.7
TROPICAL SOUTH AMERICA (10)	217999	304085	2.39	1.87	32.4	4.13	8.5	70	60.5	65.3
Bolivia	6200	9724	2.69	2.88	44.0	6.25	15.9	124	48.6	53.0
Brazil	132648	179487	2.23	1.67	30.6	3.81	8.4	71	60.9	66.0
Colombia	28110	37999	2.15	1.68	31.0	3.93	7.7	53	61.4	66.0
Ecuador	9090	14596	3.13	2.78	40.6	6.00	8.9	77	60.6	64.7
Guyana	936	1196	1.95	1.34	28.5	3.26	5.9	35	65.8	70.8
Paraguay	3576	5405	3.00	2.34	36.0	4.85	7.2	45	62.8	67.5
Peru	19197	27952	2.60	2.13	36.7	5.00	10.7	99	56.8	60.5
Suriname	352	423	0.06	1.59	29.5	4.10	6.1	31	67.0	71.9
Venezuela	17819	27207	3.26	2.32	35.2	4.33	5.6	39	65.1	70.6
NORTHERN AMERICA (11)	**261120**	**297683**	**0.89**	**0.74**	**16.0**	**1.85**	**9.1**	**12**	**70.4**	**78.1**
Canada	25302	29435	1.21	0.77	15.2	1.81	7.1	11	71.2	78.8
United States of America	235681	268079	0.86	0.74	16.0	1.85	9.3	12	70.3	78.0

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EUROPE	**490456**	**513110**	**0.33**	**0.26**	**14.0**	**1.90**	**10.7**	**16**	**70.0**	**76.6**
EASTERN EUROPE	112339	120970	0.56	0.46	16.4	2.17	10.8	20	68.5	75.1
Bulgaria	9182	9713	0.47	0.33	15.4	2.25	10.7	20	69.7	75.1
Czechoslovakia	15588	16776	0.44	0.56	16.1	2.20	11.8	16	68.2	75.3
German Dem. Rep. (16)	16658	16553	-0.11	0.01	12.5	1.65	13.7	12	69.8	75.7
Hungary	10786	10908	0.16	0.14	14.3	2.06	12.7	21	68.0	74.5
Poland	37228	41391	0.95	0.58	18.5	2.25	9.0	21	68.2	76.0
Romania	22897	25629	0.76	0.69	17.4	2.45	9.7	26	68.5	73.6
NORTHERN EUROPE (17)	82090	83410	0.09	0.09	12.8	1.78	11.9	11	70.8	77.3
Denmark	5141	5126	0.08	-0.08	11.1	1.52	10.9	8	72.0	78.0
Finland	4859	4970	0.37	0.05	12.7	1.60	10.3	7	69.0	77.6
Iceland	239	270	0.99	0.62	17.0	2.04	7.1	7	73.7	80.0
Ireland	3555	4247	1.11	1.11	20.9	3.19	9.8	13	70.4	75.7
Norway	4140	4227	0.27	0.06	12.3	1.69	10.5	8	72.7	79.3
Sweden	8284	8065	0.00	-0.21	10.5	1.55	11.6	7	72.8	79.0
United Kingdom	55624	56235	-0.01	0.08	12.8	1.78	12.4	12	70.5	77.0
SOUTHERN EUROPE (18)	141814	153147	0.58	0.42	15.4	2.12	9.5	18	70.4	76.4
Albania	2985	4102	2.21	1.75	27.7	3.60	5.8	43	69.0	73.0
Greece	9884	10734	0.58	0.48	15.8	2.31	9.9	19	72.1	76.0
Italy	56724	58155	0.25	0.09	12.8	1.81	10.4	14	71.1	77.8
Malta	380	419	0.68	0.57	17.3	1.97	10.5	15	69.4	74.2
Portugal	10008	10995	0.68	0.50	17.8	2.27	9.9	25	67.6	74.1
Spain	38717	43442	0.82	0.67	17.0	2.40	8.8	12	71.3	77.5
Yugoslavia	23028	25200	0.76	0.49	16.4	2.07	8.8	29	68.5	74.0
WESTERN EUROPE (19)	154212	155583	0.06	0.04	11.7	1.58	11.2	11	70.5	77.9
Austria	7489	7498	-0.05	0.00	12.1	1.63	12.6	13	69.5	76.7
Belgium	9877	9925	0.04	0.05	12.1	1.60	12.2	11	70.1	76.7
France	54449	57083	0.30	0.28	13.8	1.83	10.7	10	70.6	78.7
Germany, Fed. Rep. of (16)	61214	59755	-0.18	-0.17	10.2	1.42	12.0	13	70.0	76.8
Luxembourg	363	358	-0.12	-0.06	10.1	1.38	11.9	11	69.2	76.7
Netherlands	14456	15011	0.40	0.15	11.6	1.44	8.7	8	72.6	79.3
Switzerland	6309	5889	-0.26	-0.47	8.0	1.33	10.7	8	72.6	79.3
OCEANIA	**24480**	**30403**	**1.50**	**1.27**	**21.1**	**2.71**	**8.4**	**39**	**65.5**	**69.9**
AUSTRALIA-NEW ZEALAND	18783	22361	1.21	1.04	16.1	1.97	7.8	11	70.9	77.7
Australia (20)	15519	18668	1.31	1.10	16.2	2.00	7.7	11	71.0	77.9
New Zealand	3264	3693	0.75	0.72	15.6	1.85	8.1	12	70.3	76.7
MELANESIA	4831	6986	2.60	2.05	38.5	5.52	11.5	84	56.5	57.1
Fiji	674	821	1.66	0.96	27.2	3.18	4.1	28	70.5	74.8
Papua New Guinea	3601	5292	2.69	2.16	40.4	5.99	13.6	98	53.5	53.0
Other Melanesia (21)	556	873	3.19	2.45	39.9	5.98	6.6	41	64.7	69.1
MICRONESIA-POLYNESIA	846	1056	1.69	1.19	36.1	5.34	6.4	39	65.4	69.7
Micronesia (22)	348	437	1.70	1.26	34.9	4.98	8.5	58	60.9	64.5
Polynesia (23)	498	619	1.68	1.15	36.8	5.60	4.9	27	68.3	73.1
U.S.S.R.	275761	314818	0.95	0.78	18.8	2.36	9.3	25	66.5	75.4

REGION, COUNTRY, OR AREA	TOTAL POPULATION (000s) 1984	2000	RATE OF GROWTH 1980-85	1995-00	CRUDE BIRTH RATE 1980-85	TOTAL FERTILITY RATE 1980-85	CRUDE DEATH RATE 1980-85	INFANT MORTALITY RATE 1980-85	EXPECTATION OF LIFE AT BIRTH 1980-85 MALE	FEMALE
ASIA	**2777385**	**3543693**	**1.73**	**1.43**	**27.4**	**3.56**	**10.2**	**87**	**57.2**	**58.7**
EAST ASIA	**1238640**	**1470036**	**1.14**	**1.11**	**18.2**	**2.30**	**6.8**	**36**	**65.9**	**70.1**
China	1051551	1255656	1.17	1.17	18.5	2.33	6.8	38	65.5	69.4
Japan	119492	127683	0.57	0.40	12.4	1.71	6.7	8	74.0	79.4
OTHER EAST ASIA (12)	67597	86697	1.75	1.36	23.8	2.91	6.6	30	64.1	69.5
Hong Kong	5498	6894	2.14	0.99	17.9	2.06	5.9	12	70.4	77.7
Korea	59939	76742	1.69	1.37	24.1	2.93	6.7	30	63.7	69.1
Dem.Peo.Rep.of Korea	19630	27256	2.31	1.85	30.5	4.00	7.4	32	62.7	66.6
Republic of Korea	40309	49485	1.39	1.12	21.0	2.46	6.3	29	64.4	70.8
Mongolia	1851	2673	2.66	2.00	33.8	4.82	7.2	50	62.7	66.6
SOUTH ASIA	**1538745**	**2073657**	**2.20**	**1.65**	**34.9**	**4.65**	**12.9**	**109**	**53.5**	**53.8**
SOUTHEASTERN ASIA (13)	393082	519707	2.06	1.56	31.7	4.11	10.9	79	55.2	58.6
Burma	38513	55186	2.52	2.03	37.9	5.33	12.7	94	53.4	56.7
Democratic Kampuchea	7149	9918	2.89	1.40	45.5	5.13	19.6	160	42.0	44.9
East Timor	638	876	2.50	1.50	48.0	5.84	23.0	183	39.2	40.7
Indonesia	162167	204486	1.77	1.27	30.7	3.90	13.0	87	51.2	53.9
Lao People's Dem. Rep.	4315	6213	2.51	2.10	40.6	5.84	15.5	122	48.3	51.2
Malaysia	15204	20615	2.29	1.55	29.2	3.69	6.4	29	65.0	68.8
Philippines	53395	74810	2.48	1.83	32.3	4.20	6.9	50	62.8	66.3
Singapore	2540	2976	1.27	0.74	18.0	1.74	5.3	11	69.1	75.5
Thailand	50584	66115	2.09	1.57	28.6	3.59	7.7	51	60.8	64.8
Viet Nam	58307	78129	2.02	1.72	31.2	4.31	10.1	90	56.7	61.1
SOUTHERN ASIA (14)	1036011	1385652	2.19	1.59	35.8	4.78	13.9	120	52.3	51.3
Afghanistan	14292	24180	0.04	2.15	49.6	6.90	27.3	205	36.6	37.3
Bangladesh	98464	145800	2.73	2.24	44.8	6.15	17.5	133	48.3	47.3
Bhutan	1388	1893	2.03	1.82	38.4	5.53	18.1	144	46.6	45.1
India	746742	961531	1.99	1.34	33.2	4.41	13.3	118	53.0	52.0
Iran	43799	65549	3.02	2.21	40.5	5.64	10.4	101	60.4	60.0
Nepal	16107	23048	2.33	2.16	41.7	6.25	18.4	144	46.6	45.1
Pakistan	98971	142554	3.08	2.16	42.6	5.84	15.2	120	51.0	49.0
Sri Lanka	16076	20843	2.03	1.36	27.0	3.37	6.7	38	66.0	69.0
WESTERN ASIA	**109651**	**168298**	**2.85**	**2.48**	**37.8**	**5.48**	**10.1**	**93**	**58.8**	**62.5**
ARAB COUNTRIES (15)	55964	93695	3.39	3.03	43.8	6.70	11.3	86	56.9	60.0
Bahrain	414	688	4.32	2.59	32.3	4.63	5.3	37	66.1	70.3
Democratic Yemen	2066	3309	2.68	2.90	47.6	6.87	18.8	138	45.5	47.5
Iraq	15158	24926	3.43	2.91	44.9	6.66	10.7	72	57.2	60.9
Jordan	3375	6400	3.66	3.97	44.9	7.38	8.4	63	63.0	65.4
Kuwait	1703	2969	5.27	2.78	36.8	6.15	3.5	30	68.9	73.7
Lebanon	2644	3617	-0.01	1.89	29.3	3.79	8.8	48	63.1	67.0
Oman	1181	1909	4.55	2.84	47.3	7.07	15.9	122	48.5	51.0
Qatar	291	469	4.02	2.66	30.1	6.77	4.6	45	68.2	73.2
Saudi Arabia	10824	18864	3.94	3.23	43.0	7.07	12.1	103	54.5	57.6
Syrian Arab Republic	10189	18102	3.69	3.31	46.5	7.18	7.2	57	65.6	68.5
United Arab Emirates	1255	1916	5.83	1.88	27.0	5.94	4.0	45	68.2	73.2
Yemen	6386	9859	2.37	2.76	48.5	6.77	21.6	154	43.0	45.0
NON-ARAB COUNTRIES	53686	74602	2.30	1.82	31.7	4.31	8.8	104	61.6	66.0
Cyprus	659	759	1.15	0.76	19.7	2.31	8.2	17	72.7	76.1
Israel	4216	5376	2.06	1.32	23.6	3.09	6.8	15	72.1	76.1
Turkey	48811	68466	2.34	1.87	32.5	4.45	9.0	110	60.8	65.3